


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90026 012 ****61.25

DOCUMENT # 763367	
1. Entity Name UNITED CIVIC ORGANIZATION, INC.	

Principal Place of Business 24 CAMDEN A WEST PALM BEACH, FL 33417 US	Mailing Address 24 CAMDEN A WEST PALM BEACH, FL 33417 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-2221503	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOEWENSTEIN, GEORGE 5 HASTINGS A WEST PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: LAPIDUS, BETTY MRS STREET ADDRESS: GREENBRIER C CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: VP NAME: CORNISH FRANK STREET ADDRESS: 264 CHATHAM M CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: LOEWENSTEIN, GEORGE H MR STREET ADDRESS: 5 HASTINGS A CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: TETRO, DOROTHY STREET ADDRESS: 312 WELLINGTON E CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BUMMOLO, SALVATORE STREET ADDRESS: 201 WELLINGTON F CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SILVER, HOWARD STREET ADDRESS: 148 STRATFORD K CITY-ST-ZIP: W PALM BCH, FL 33417	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: RICHLAND, PHYLLIS MRS STREET ADDRESS: 216 SOMMERSET K CITY-ST-ZIP: W PALM BCH, FL 33417	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Tetro DOROTHY TETRO 03/14/2008 561 683 9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #